

*John A. Bost  
Special Agent*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)**

SERIAL NO.

FILING DATE

APPLICANT(S) 09/07/84

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						61			1									
2		1					62	1											
3							63			1									
4		3					64	1											
5	1						65			1									
6	1						66			1									
7							67			1									
8		2					68			1									
9		2					69			1									
10		2					70												
11		2					71												
12		2					72												
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48																			
49																			
50																			
TOTAL IND.			3		4		TOTAL IND.												
TOTAL DEP.			13		10		TOTAL DEP.												
TOTAL CLAIMS			16		14		TOTAL CLAIMS												

BEST AVAILABLE COPY